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ABSTRACT

The focus of this monograph is on three areas of counseling with older clients: career counseling, retirement counseling, and counseling regarding death and dying. The portion on career counseling includes reasons older persons change careers, obstacles they are likely to face when seeking employment, myths surrounding the employability of older persons, and suggestions on the use of testing in career counseling older persons. Retirement counseling examines the social image and role of the retired person, plus work, volunteer, and leisure time activities. Retirement counseling emphasizes retirement as a positive developmental stage. Included is a brief discussion of practical lifestyle concerns specific to retired persons. Counseling surrounding death and dying, including Kubler-Ross' five stages of dying, potential suicides, and death survivors is examined. Trends and issues regarding problems of aging, a bibliography of readings related to older women, and appendixes of periodicals and organizations concerned with older persons are included. (JS)

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Counseling Older Persons: Careers, Retirement, Dying

Daniel Sinick

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Counseling Older Persons: Careers, Retirement, Dying

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This introductory material highlights the need for counseling with older persons, the broad range of pertinent helping personnel, and the nature of counseling perspective and expertise required.

Chapter I

Why Counselor Concern?--An Overview

The increasing proportion of older persons in the population calls for increased attention to their counseling needs. As individuals move through the unavoidable aging and dying phases of life development, they reach points where they can be assisted by counseling. They continue to confront developmental tasks such as choosing second careers, planning for retirement, and dealing with death.

Counselors must also be concerned with aging and dying because they are, willy-nilly, involved directly or indirectly with these developmental stages. Aside from their personal aging and prospective dying, they deal with clients--both young and old--who experience the impact of the inevitable events.

While "events" is an appropriate word in that aging and dying happen or occur, the term process more dynamically suggests the dimension of time entailed in these stages. From conception on, we are all in the process of aging and dying (the Chinese count their birthdays from the date of

conception). Within this lifelong process, however, there are shorter periods during which aging or dying escalates, whether physiologically of psychologically.

Counselors encounter clients who are themselves going through various periods of (actual or perceived) aging or dying, or whose lives are affected by others going through such periods. Aging and dying are thus pervasive processes that can play important roles in counseling.

"Counseling" as used in this monograph is a generic term encompassing a broad range of helping personnel and including both professionals and paraprofessionals. Which practitioners would be most helpful in particular situations depends upon such variables as the clientele, the counseling focus, the setting, staffing patterns, and pertinent expertise. Enhanced expertise and widened perspective are the aims of this monograph.

Pertinence to Counseling with Younger Persons

Aging and dying may enter into counseling with younger persons in a number of ways. Young clients can improve their life plans through the inclusion of lifespan concepts. Recognizing that young and old are on a continuum, that "we" become "they," the young can anticipate the effect of getting older on their personal, social, and vocational development.

Planful counseling over the lifespan does not require morbid preoccupation with physical debilitation and mental decrepitude. It does require consideration of possible career shifts, for example, and of needed flexibility of planning. The planning of many young women for marriage and career(s) is a partial model of the lifespan approach.

This approach also properly takes into account preparation for retirement from one or more careers. Young persons far from retirement can

start to acquire interests and skills that might enrich their later years. Intrinsic to proper preparation for later life is an attitudinal expectation that avoids the all too common abruptness of aging and retirement.

Another way that aging enters into counseling with younger persons is through their interaction with older persons. Counselors and their age differences with respect to clients exert variable influences, as do parents, other relatives, and often numerous older persons outside the family. People at various stages of aging may influence youngsters' personal development and vocational planning. Counseling may also concern relations between younger and older persons.

Dying and death, finally, are confronted by young persons as well as by older persons. They themselves, or persons important to them, may develop terminal medical conditions. They or others may engage in self-destructive behavior, consciously or unconsciously. They may experience the loss of a loved one and a sense of bereavement. Dying and its consequences, then, can constitute part of the content of counseling with younger clients.

Older Persons May Require Counseling

The anticipations of younger persons become the actualities of older persons. Initial careers may have to be abandoned, voluntarily or involuntarily, in favor of second and sometimes third careers. Mature women enter or re-enter the labor market. Retirement comes rushing in on the express track. Those idly awaiting events on the local track can profit from the pacing and planning provided by counseling.

Interaction with younger persons is the other side of the coin

already mentioned with respect to aging and counseling. Children and other younger persons are commonly regarded as on "the other side," too, of a generation gap. Whether this dichotomy is real or artificial, it often has to be dealt with in counseling. Stereotypes in the eyes of young and old beholders cannot be removed by surgery, but can be mitigated through counseling.

Negative views of older persons are not restricted, however, to younger persons. Prejudices against aging persons are as plentiful as against other so-called "minority groups." The familiar terms racism and sexism have their parallel in agism. Witness employment discrimination against older job applicants and forced retirement of older, competent jobholders.

Agism infects older persons themselves and their closest relatives. The complaint of retirees' wives that their husbands "get under their feet" is no old wives' tale, nor is it funny, except as bleak humor. Older persons are caught up in the controversy over continued participation in life's activities versus "disengagement" and "growing old gracefully." The latter, some think, make litter of the living, consigning them prematurely to the trash heap, with the subliminal blessing of "good riddance to bad rubbish."

Dying and death, even more than with younger persons, enter into counseling with older persons. Terminal medical conditions, self-destructive behavior, and bereavement occur with increasing frequency as one's age increases. As with the other problems of older persons, these can be alleviated by the compassion and expertise of counselors.

Focus of This Monograph

This introductory overview of aging and dying as they relate to

counseling has included younger as well as older clients as prospects for pertinent assistance. If younger persons are oriented and sensitized to the developments of later life and incorporate these later developmental aspects in their planning, they will be better prepared for what otherwise can be threatening, even devastating, life stages. Counselors similarly oriented and sensitized can render a sorely needed service.

Within the major confines of this monograph, however, the focus is on the perspective and expertise counselors need to serve older persons in regard to aging and dying. Implications for earlier counseling touching these vital topics will be abundant, whether direct and obvious or indirect and subtle. The focus spotlights three areas of counseling with older clients: counseling regarding careers, counseling regarding retirement, and counseling regarding dying and death.

Summary

This introductory chapter indicates that counselors and other helping personnel--both professionals and paraprofessionals--have a role to play with respect to the developmental tasks of older persons, who change careers, reach retirement, and confront dying and death. Since older persons can profit from counseling, practitioners must be equipped with pertinent perspective and requisite expertise.

As older persons change careers, or enter and re-enter the labor force, they can be helped to evaluate their motivations and characteristics toward finding self-actualizing occupational roles.

Chapter II

Career Counseling

Special Considerations with Older Clients

Career counseling with older clients needs to take into account a number of special considerations. Since career changes are commonly involved, consideration must be given to a variety of reasons for which clients may wish to change their careers. General characteristics of older clients need attention and comprehension; individual clients are more likely to differ in degree than in kind. Despite legislation to prevent age discrimination, attention must also be given employer practices with regard to (often without respect to) older workers.

Why People Change Careers

Underlying numerous individual reasons for career changes are broad sociological, technological, and economic developments. The lengthened lifespan permits incorporation of multiple careers within one's life. Retirement at earlier ages, earlier completion of families, disruption of families by divorce as well as by death, the feminist movement, and the polarization of sociopolitical views (mainly materialism vs. humanism)--all these trends tend to push people toward second and third careers.

Workers are displaced by automated machines. Company mergers and

acquisitions put people out of work. New occupational specialities and opportunities emerge. Paid work is accorded higher value than volunteer activities. Women change from homemaking to breadwinning, assisted by increased child care services. Affluence of individuals or families affords the wherewithal for career changes. Preparation for career changes may also be permitted by funds available to veterans, widows, and others (Sheppard, Ullmann, Cooperman, & Samler, 1971).

On top of the broad trends are more personal pushes and pulls that move people out of one career and into another. Counselors and clients need to recognize and distinguish avoidance motivations and approach motivations, desires to get out vs. drives to get in. Similarly to be distinguished are rational vs. emotional bases for career changes. Any of the accompanying "Reasons People Change Careers" could be rationales or rationalizations.

Reasons People Change Careers

Initial career not person's own choice

Career inappropriate from outset

Original aspirations not met by career

Purpose of first career accomplished

Change of career required by changing goals

Satisfaction sought for higher-level needs

Dead end reached in terms of advancement

Inadequate outlet for creativity

Insufficient challenge to abilities

Data-People-Things involvement inappropriate

Incongruence with vocational interests

Desire to implement avocational interests

Disproportion between prescribed and discretionary duties

Insufficient variety in work content

Work pressures and deadlines too demanding

Work becoming too physically demanding

Work context source of dissatisfactions

Employer policies and practices dissatisfying

Purpose of employer enterprise incompatible

Co-workers divergent in values and lifestyles

Personality conflicts with supervisor or co-workers

Earnings outstripped by living expenses

Desire to "keep up with the Joneses"

Social status of occupation inadequate

Insufficient time for leisure activities

Greener grass in another field

While all the reasons do not apply to all clients, whichever reasons are applicable need to be sorted out and analyzed. In addition to their avoidance-approach and rational-emotional elements, their duration or persistence demands consideration. What efforts have been made to modify longstanding situations? Have short-term dissatisfactions been given a chance to change? Is enough known about parallel factors in prospective careers?

Careful consideration of individual dynamics involved in the reasoning, thoughtful weighting (qualitative only) of salient variables, and application of pertinent information may enable client and counselor to come up with a wise decision. Career change is appropriate for some clients,

but not for others. Someone once said, "When it is not necessary to change, it is necessary not to change."

Characteristics of Older Clients

"Older" is purposely not defined in this monograph because it is obviously a relative term that varies from individual to individual. Variability among individuals is too great for chronological age to serve as an adequate index. Different people mature at different developmental tempos; they grow up and grow old in response to different combinations of genetic and environmental inputs. Physiological and psychological characteristics may be as diverse within age groups as between age groups.

Sociological forces, on the other hand, are so largely functions of time periods that they tend to confer somewhat different characteristics on different generations. Those reared within a particular time period have experienced the history of that period, its cultural components, economic climate, and educational qualities and opportunities. Counselors must try to understand each individual as a figure against the ground of his or her generation.

Yet, several characteristics of persons seeking second careers may contribute to complications in counseling. Many persons are found lacking in self-confidence, in skills required in career choice, and in skills required in jobseeking. Counselors need to understand these common inadequacies and know how to deal with them.

Such shortcomings often occur among women whose first career was interrupted by child-rearing or whose only "career" was that of housewife. Entering or re-entering the labor force with few skills or rusty ones can generate fear of failure and related anxieties. Career women may have

anxieties arising from unequal pay, other inequities, and the struggle for parity. Although space does not permit separate treatment of women in this monograph, Appendix 1 provides a list of "Readings Related to Older Women" for the convenience of interested readers.

Lack of self-confidence, perhaps paradoxical in persons making a career change, seems frequently based on false ideas and perceptions. Older clients may adopt agist generalizations as applicable to themselves, sometimes out of a sense of being "realistic." Affirming "Let's face it," they may see themselves as slower physically or mentally, shorter of memory, less capable and adaptable. They start believing, "You can't teach an old dog new tricks." They may fail to perceive the importance of personal qualities such as reliability, resourcefulness, stability and sensitivity.

Lack of the skills required in choosing careers and seeking jobs is generally caused by lack of practice in these activities. First careers are often entered with little or no recourse to a deliberate process of choice, and jobhunting is commonly a haphazard process. Career choice is hampered, too, by overconcern over "irreversibility," adherence to distinctions between "men's jobs" and "women's jobs," and unfamiliarity with transferability of work skills. Counselors can familiarize clients with transferability concepts, the increasing bisexuality of occupations, and Ginzberg's (1972) reversal of irreversibility.

Pertinent Employer Practices

Older clients equipped with excellent jobseeking skills may still have to contend with (even older) practices and preiudices of employers. If agism infects older persons themselves and friends and relatives sympathetic

with them, it is a veritable epidemic among employers impersonally oriented toward profits. Although profit-making motivations have their validity in our society, myopic monetary considerations can blur humanitarian concern.

Employers can blend the two types of concerns when they realize that such blending is often to their own advantage. Bringing about such realization is discussed later in this chapter. Employers unaware of the advantage to them of employing older workers operate on the basis of arbitrary hiring requirements and biased personnel procedures.

Despite legislation against use of age as a criterion in hiring, experience in job placement of older persons indicates only erratic observance of the laws. Pre-employment medical examinations are frequently artificial barriers that prevent the employment of persons who could actually function effectively on the job. The same is true of tests standardized on younger persons and readily used to screen out older job applicants. Job interviews can just as readily (but unjustly) be used as sources of spurious reasons for rejection.

Counseling Emphases with Older Clients

Some emphases for counselors have already been implied or indicated in relation to bases for career change, pertinent client characteristics, and obstructive practices of employers. Awareness of the complexity of reasons for seeking different careers can enable counselors to deal in appropriate depth with the dynamics involved. Complicating characteristics of clients can similarly be incorporated with sensitivity in counseling. Counseling practices must also be responsive (and anticipatory) to employer practices. Needed emphases now require further explication.

Evaluating Motivations and Goals

Even older clients do not necessarily know where they are "coming from" or where they want to go. Basic trust between client and counselor does not mean that the counselor believes everything the client says. To do so might result in ill considered planning based on misperceived motivations, blurred goals, and erroneous information. A client may unconsciously be implementing the motivations of relatives or significant others. Others' goals may have been adopted as the client's. Information regarding a past or future career may be biased or inaccurate.

One purpose of counseling is to help clients gain accurate perceptions of their motivations and goals, of their potentialities and limitations, and of information relevant to these and related variables. Evaluation is basically a client process, the desired outcome being self-evaluation. While theoretical progress is represented by increased emphasis on client participation in evaluation, the process is better viewed as one in which the counselor participates to assist the client.

Clients can be helped to review their verbalized reasons for changing careers and to become aware of less conscious reasons, if bringing the latter to light will enhance the wisdom of career choice. Hidden motivations should not be uncovered to appease the curiosity of the counselor.

Straightforward situations occur frequently in counseling. A successful pharmacist who chose that career to enable him to climb out of a low socio-economic level, and whose family is now financially, educationally, and emotionally secure, wishes to switch to a career more commensurate with basic values long deferred. His values pertain less to money-making no matter how than to achieving increased self-actualization through

implementation of previously untapped interests and abilities.

Some variations on this theme, as well as more devious themes, involve self-deception that needs to be dealt with, by client and counselor in collaboration. Abilities unchallenged, creativity stifled, and higher-level needs unsatisfied turn out to be illusions shaped by a desperate desire to escape work pressures and deadlines. Revealing the unrecognized avoidance motivation is often the first step toward realistic planning for a career change.

Generating Self-Confidence

Lack of self-confidence in second career seekers is so common as to require special counseling attention. Devaluating misconceptions about the aging process must be counteracted in developing self-confidence, together with personal misperceptions of employment potentials. Toward both these troublesome areas, positive attitudes must be molded.

Counselors can draw upon sound material that debunks mental decline and other depreciative notions (Green, 1972). Here are examples of pertinent information that can be introduced into second career counseling, as needed (Grace, 1968, pp. 26-53):

- From biological maturity until age 60, physical strength seems to be maintained at its maximum.
- Maximum intellectual functioning appears to occur between the ages of 45 and 80.
- Available evidence shows little change in the ability to learn new skills and acquire new information between ages 20 and 65.
- Vocabulary, information, and comprehension tests show little, if any, decline with age through the 60's.

- The functions of learning and memory, for the most part, are not significantly affected by aging.
- The middle-aged or older worker may be able to transfer learning from earlier experiences to new situations.
- Morale (one's feeling about his current work and future prospects) drops very low in the late 20's, but rises to new highs in the late 50's.
- As a worker approaches later years, his motivation toward making a lasting impression on the firm, on the task, and on society in general increases.

Even more impressive for some clients than these empirical findings are the favorable attributes of older workers mentioned by employers themselves. Self-confidence may be given a needed lift by this slightly adapted, significant list (U. S. Department of Labor, 1956, p. 8):

- Stability
- Steady work habits
- Less waste of time
- Greater reliability
- Less absenteeism
- Responsibility and loyalty
- Serious attitude toward job
- Less supervision required
- Less distraction by outside interests
- Greater inclination to stay on job

Perceptions of personal inadequacies can frequently be counter-balanced through a joint search for relatively successful experiences in life. Any efforts, from childhood on, that yielded favorable comments from parents, peers, or others can serve as a base on which to build self-confidence. Avocational or vocational activities in which one's performance met with even a modicum of praise can sustain self-confidence and also suggest avenues for second career exploration. For some clients

such avenues may be suggested and their self-confidence lifted by vicariously experiencing the second career successes of others (Stetson, 1971).

Minimizing Use of Tests

There are two general reasons why testing should be used minimally with older clients. One is the inadequacy of the traditional testing approach with such clientele. The other is the availability of more effective approaches.

Most tests employed in counseling were constructed for use with younger persons. Their intent was often to measure or predict performance in school. They place a premium on speed, visual acuity, and other variables that may be extraneous to what is being evaluated. Their norms are commonly inapplicable to older persons, who may also lack recent experience in taking tests. Older clients are even more sensitive than younger ones to a test's apparent lack of relevance to any meaningful criterion. When lack of face validity is accompanied by lack of predictive validity, other types of technical validity have little practical utility.

Since test results are likely to be unfavorable, in whole or in part, self-confidence is subject to further impairment. A small proportion of older clients, on the other hand, can profit a good deal from positive test results, provided their self-confidence does not rise disproportionately in relation to prospective careers. Good test results, like poor ones, may not be predictive of career performance.

Inventories to tap interests and personality traits, though without time limits, present most of the other shortcomings mentioned in regard to

tests of aptitude or achievement. They have their own problems as well of forced choices, response styles, and faking--whether conscious or unconscious. Client motivations to do well or poorly on particular tests have their counterpart motivations for favorable or unfavorable facades as reflected by inventory profiles.

The artificiality of tests and inventories accounts for much of the inadequacy of this approach, especially with older clients. The emphasis in recent years on a naturalistic approach to both assessment and research has particular applicability to clients with more extensive life histories (Dailey, 1971). Longitudinal data are likely to yield more realistic information about clients than cross-sectional data. Real-life experiences, including experiences involving work (Leshner & Snyderman, 1963), are natural sources of information regarding such matters as performance, perceptions, and preferences.

Whether or not questionnaires or autobiographies are used in eliciting information from clients' life histories and work histories, interviews constitute a substantive means of generating understanding and self-understanding of clients. Interviews go beyond interest inventories, for example, in tapping intensity of interest, duration of interest, and reasons underlying interest. The pertinence of such dimensions of interest and personality assessment has given increased recognition to the importance of expressed interests and other dynamics accessible through interviews (Whitney, 1969).

Putting Old Skills and Interests to Work

An axiom of career counseling is to ascertain a client's assets and invest them in appropriate planning. Acquired abilities, unfolded interests,

and matured personal traits represent a pattern out of the past to be utilized in the future. It would be uneconomical and even wasteful not to draw further returns from earlier investments. This financial metaphor has considerable merit in counseling regarding second careers, but counselor and client must apply it with moderation and discrimination, for some career changes are so drastic as to limit the application of transferability concepts.

Transferability denotes a process that is built into the Dictionary of Occupational Titles (U. S. Department of Labor, 1965, 1966, 1968b) to facilitate comparisons of client characteristics and occupational characteristics. Included for possible comparisons are abilities or aptitudes, interests, temperaments, physical activities, environmental factors, general educational development, specific vocational preparation, and level of work complexity in relation to data, people, and things. Volume II of the DOT provides added assistance regarding occupationally significant combinations of acquired skills and preferences, together with prior experiences, in school or out, that might be pertinent to particular kinds of work.

The military services employ transferability in the course of induction and, more important for this monograph, in the course of discharge. The DOT and related tools, used in efforts to convert civilian experience into military assignments, are used in a reverse conversion of military experience into civilian occupations. Target--Tomorrow: Second Career Planning for Military Retirees (U. S. Department of Defense, 1970) has helpful content for nonmilitary clients as well, as does a book by Collings (1971).

Acquired attributes can be used as points of departure for exploration of both formal and informal families of occupations (Sinick, 1970). Formal classifications like that of the DOT are easily supplemented by informal groupings particularly related to client characteristics. School subjects clients liked or in which they did well, for example, suggest related occupations that can be explored with the aid of various materials (Brochard, 1971; Malnig & Morrow, 1975; Steinberg, 1964; U. S. Department of Labor, 1967a), including a free series of brochures updated every two years (U. S. Department of Labor, even years).

Developing New Skills and Interests

When desires for drastic career changes indicate sharp departures from the past, counseling may proceed accordingly. Whether new motivations have arisen or old motivations are functioning autonomously, their implementation may require setting aside acquired skills and interests in favor of new ones. The need for new skills and interests could be revealed through the emphases discussed earlier: evaluation of motivations and goals, generation of self-confidence, test and nontest tapping of attributes, and efforts to apply old attributes.

How are new skills and interests developed? Two major ways suggest themselves: education or training in school settings and job tryouts in work settings. Whichever approach is employed, careful thought needs to be given to whether the involvement should be full-time or part-time. Full-time exploration of a new field and of oneself in relation to it has merit, but loss of income and continuity with abandonment of employment may require thoughtful consideration. In other words, it is sometimes safer

not to venture forth until part-time exploration opens up a new avenue.

Clients differ in their educational level and in the additional time they wish to devote to education or training. Helpful aids in this connection are five inexpensive brochures (U. S. Department of Labor, 1968a) which use the terms "Jobs" interchangeably with "Occupations":

1. Jobs for which a high school education is generally required.
2. Jobs for which a high school education is preferred, but not essential.
3. Jobs for which junior college, technical institute, or other specialized training is usually required.
4. Jobs for which a college education is usually required.
5. Jobs for which apprenticeship training is available.

Whitfield and Hoover (1968) cover 145 occupations generally requiring no more than two years of training beyond high school. For clients able and willing to aim higher, Hiestand (1971) offers a scholarly study of career changes requiring professional preparation; he includes discussion in depth of dynamics involved in such changes. "Continuing education," a highly relevant concept, is a term incorporated in the titles of directories to a variety of programs for adults (Goodman, 1968; Thomson, 1972; U. S. Department of Labor, 1971b).

Education--or at least related credentials--can be achieved in some instances without attending any classes. Get credit for what you know (U. S. Department of Labor, 1971c) provides information about the high school equivalency diploma and college level examinations for academic credit, as well as home study through correspondence and television programs. An external degree program is described (McGarraghy, 1973) in a special issue of Industrial Gerontology on second careers.

Job tryouts in work settings constitute the other general approach to the development of new skills and interests. Whether or not such development can be accomplished by education oriented toward credits and credentials, it is achievable through substantive education and actual work exploration. Since job tryouts are not easy to come by, however, they are treated together with other employment difficulties in the next section.

Overcoming Employment Obstacles

Although obtaining employment on a trial basis is sometimes easier than obtaining regular employment, those seeking or entering second careers--and their counselors--must anticipate obstacles in the path to employment. Employers often have negative stereotypes about older persons, stereotypes with little or no basis in general and little or no applicability to a particular person. Employers may paradoxically be older persons themselves whose work performance belies their beliefs.

The paradox is partially explainable by the natural tendency to see others as older persons with inadequacies brought on by added years. An explanation encountered to excuse employers' stereotypes and their reluctance to hire older workers is that employers are in business to make profits and older workers are considered unprofitable investments. This explanation does not account for similar reluctance on the part of employers in the not-for-profit sector.

Properly regarded as rationalizations, the stereotypes have also been characterized as myths at odds with realities. From studies conducted by the U. S. Department of Labor and other agencies, the accompanying "Myths and Facts regarding Older Workers" (somewhat condensed here) have been reported (U. S. Department of Labor, 1971a).

Myths and Facts regarding Older Workers

The Myth	The Fact
- Older workers are too slow--they can't meet the production requirements.	- Studies show no significant drop in performance and productivity. Many older workers exceed the average output of younger employees.
- Older workers can't meet the physical demands of jobs.	- Job analysis indicates that less than 14 percent of jobs require great strength and heavy lifting. Labor-saving machinery enables older workers to handle most jobs without difficulty.
- You can't depend on older workers--they're absent from work too often.	- According to surveys, workers 65 and over have a good record of attendance in comparison with other age groups.
- Older workers are not adaptable--they're hard to train because they can't accept change.	- Evaluations of older jobseekers show that a high proportion are flexible in accepting a change in their occupations and earnings. Many young people are set in their ways, and many older workers adjust to change readily.
- Hiring older workers increases pension and insurance costs.	- Costs of group life, accident, and health insurance and workmen's compensation are not materially increased by hiring older workers. Small additional pension costs, when incurred, are more than offset by the older worker's experience, lower turnover, and quality of work.

The reluctance of employers can be reduced by sharing with them these "facts of life," as well as the favorable attributes of older workers and other favorable information presented in the earlier section on "Generating Self-Confidence." In addition to the favorable attributes of a particular client, experienced job placement personnel are prepared to counter employer objections with general information regarding the positive potentials of older workers.

Three specific ways that employers can be further assisted in the hiring of older persons pertain to techniques in training new workers, means of matching workers and jobs, and methods in the redesign of jobs. Belbin (1968, 1970) delineated a "discovery method" whereby task oriented difficulties encountered by older persons are accommodated by appropriate adaptations in training techniques. Koyl (1970, 1974) developed an assessment scale called GULHEMP that can be used to compare a person's profile of seven job relevant variables (General physique, Upper extremities, Lower extremities, Hearing, Eyesight, Mentality, and Personality) with the requirements of specific jobs. Redesign of jobs to fit workers (Griew, 1964; Marbach, 1968; U. S. Department of Labor, 1967b) has become an increasingly acceptable alternative or complement to the traditional fitting of workers to jobs.

Summary

Since older persons change careers for a variety of reasons, they must assess their motivations and goals together with their individual characteristics and employer practices before adopting a plan of action. Self-confidence may have to be generated, as old skills and interests are put to work or new ones developed. Procedures are suggested for accomplishing these ends and for overcoming obstacles to employment of older persons.

The developmental stage of counseling for retirement calls for further stock-taking, preparation for role adjustments, planning for optimal use of time, and managing mundane matters such as income, housing, and health.

Chapter III

Retirement Counseling

Retirement counseling requires separate treatment from career counseling because not all who retire go on to second careers. Other options may include continued employment that does not constitute a career. This chapter focuses on other options and the planning needed to optimize them.

Retirement planning and retirement preparation are broader terms used, together with retirement education, to emphasize the need for a transition from the status of worker to that of retiree. The differential status of these roles in our society is part of the problem calling for preparation and planning. Pre-retirement is frequently used with the terms cited for added emphasis on the value of thought and action prior to the date of retirement.

Special Considerations

For clients retiring but seeking second careers, the special considerations and counseling emphases presented in Chapter II would be pertinent. Much of the contents of Chapter II might also be applicable to other options available in retirement. Consideration must be given in retirement counseling to why planning prior to retirement is advisable, what attitudinal and role adjustments can be anticipated, what options for use

of time may be available, and what additional areas of potential retirement difficulty require planning.

Why Planning is Needed

With more people living longer and retirement often arriving earlier, increasing numbers of older persons are abruptly confronted by unanticipated changes. Early retirement, whether voluntary or mandatory, curtails the time needed to take stock of one's situation and make appropriate plans. If voluntary, early retirement itself is so vital a decision as to require due deliberation, proper planning, and perhaps counseling.

Clients can be helped to appreciate the value of planning in various phases of life--sometimes by hindsight where prior planning was lacking. Planning can be seen as applicable to such decisions as choosing an occupation, choosing a mate, and renting vs. buying. A natural extension of this concept to retiring minimizes the validity and possibility of hit-or-miss, trial-and-error approaches to this important juncture in life.

The desirability of planning for retirement can be supported by the findings of empirical studies. One such investigation (U. S. Civil Service Commission, 1968) found that nine out of ten employees either retired or eligible for retirement were in favor of retirement planning programs and liked the programs they attended; over two-thirds considered the programs they attended useful. Another (Draper, Lundgren, & Strother, 1967) reported higher retirement satisfaction for those who had made plans.

Programs of planning or preparation for retirement are generally educational rather than counseling programs. Their sessions are often

conducted with relatively large classes of pre-retirees who listen to a series of experts on topics pertaining to retirement. If no individual assistance is provided, such programs resemble group guidance in educational settings. While instructional programs that present pertinent information to interested groups are no doubt beneficial, individual and group counseling can help clients cope more effectively with personal attitudes, adjustments, and options.

Attitudes and Role Adjustments

Out of the multitude of client attitudes that might affect retirement planning, adjustment, and satisfaction, several salient ones demand special consideration. Negative attitudes toward aging, touched on earlier as exemplified by agist prejudices, are bound to exist in a culture that caters mainly to youth. Young persons should be treated with dignity and respect, but so should older persons.

"The youth orientation of our society," points out Tiven (1971, p. 102), "discourages people from wanting to identify themselves as old. Max Lerner commented that the most flattering thing one can say to an American is that he doesn't look his age, as if looking old were the most damning thing in the world." That growing older is not damning everywhere in the world could be a source of added self-esteem for some clients.

Negative attitudes toward retirement are associated as well with the predominance in our society of the work ethic. Although slightly eroded in recent years, the Protestant ethic is still a rock of Poor Richard prudence and productivity on which are dashed the hopes of workers reaching retirement. Feeling unproductive and useless, many clients need to replace the concept of retirement from with that of retirement to. They need to

adopt the philosophy of Charles Kettering. "My interest is in the future, because I am going to spend the rest of my life there."

An attitude corollary to the view of retirement as an ax is one that views retirement as tantamount to death. Anxieties regarding dying and death are dealt with in Chapter IV, but they often enter into retirement counseling. They generate defenses of various kinds, such as blaming oneself for the presumably sad state of affairs, casting blame outward upon others, or demonstrating depression and dependence.

Role adjustments arise during retirement in relation to the differential attitudes and defenses adopted by retirees and the differential treatments accorded them by others. Are benighted breadwinners regarded as no longer worth their salt? Do dignity and respect go down the drain? Is a person without work regarded as a person without wisdom? Is the one who was looked up to now looked down upon? "Role reversal in a family," comments Koller (1968, p. 139), "appears to be one of the most difficult changes older persons face. An 'independent' parent becomes a 'dependent' child, or a formerly 'dependent' child assumes the prerogatives of an 'independent' parent."

Options for Use of Time

The work ethic, together with other cultural constraints, has made working full-time the sine qua non of our society and anything less than that sinful. Many persons confronting retirement may therefore think of second careers as the only viable option, the only road to redemption. Just as man does not live by bread alone, men and women can find more to life during retirement than continued full-time employment for pay.

Some continued income can be obtained, as well as other rewards of

paid work, from part-time or temporary employment. "Opportunities for part-time and part-year employment have grown substantially," reports a publication on older workers (U. S. Department of Labor, 1971d, p. 2). The projection is equally favorable: "Growth in part time opportunities will likely parallel growth in workers who prefer part-time jobs" (U. S. Department of Labor, 1970, p. unnumbered). Growth in opportunities for temporary employment is manifested by the burgeoning of employment agencies specializing in temporary jobs.

Unpaid volunteer work offers opportunities for use of one's free time on a full-time, part-time, or temporary basis. Both growth and diversity of such opportunities have been reported (U. S. Department of Labor, 1969, p. 1): "There are: (1) more volunteers, (2) different kinds of volunteers, (3) different kinds of functions, and (4) different channels for the delivery of their services."

Continuing education, touched on in the Chapter II section on "Developing New Skills and Interests," is another constructive way of using one's time. Access to education by older persons has been facilitated by the proliferation of community colleges, which offer low-cost courses of great variety with or without credit. A perhaps serendipitous benefit of continuing education and its intellectual stimulation is the possibility of added longevity (Palmore & Jeffers, 1971; Rose & Bell, 1971).

Retirement time can be used constructively and even creatively through avocational activities, although this is often more easily said than done. The work ethic has dimmed or distorted the view many people adopt toward nonwork activities. "Older people tend to equate industry with virtue," says Carp (1968, p. 15), "and they have had little acquaintance with leisure." Pastimes to kill time can be supplemented or

supplanted by self-actualizing activities for which free time is now available.

Other Retirement Difficulties

In addition to all the matters already mentioned, retirement planning commonly takes into account such considerations as income and finances, housing and living arrangements, health and nutrition, consumer education and personal safety, and legal affairs. These represent areas of potential difficulty during retirement. Ranging from mundane to major, they can be of vital concern to particular individuals.

Amount of income to be expected in retirement may affect attitudes, role adjustments, options available or desirable, housing, health, safety--any of the potential areas of difficulty. Sources of income must be considered, together with projected expenses. The future cost of living as compared with the pre-retirement cost may require unaccustomed austerity, budgeting, and borrowing.

Where to live can be a major decision creating retirement happiness or havoc. Should one stay in familiar territory with family and friends or set out for a sunswept terra incognita? Should one live together with relatives or separately, with other "senior citizens" or where ages mix? Is public or private housing preferable?

Physical and emotional well-being has preventive and remedial aspects that call for retirement planning. The reciprocal roles of exercise and rest, the balancing and timing of food intake, symptom detection and use of medication, care of specific parts of the body, Medicare vs. Medicaid--these are some of the health and nutrition topics needing attention.

Consumer education cuts across other areas, for knowledgeable

purchasing of products and services can improve the income-expense ratio, housing convenience, nutrition and health, vocational and avocational activities, and selection and use of a lawyer. Distinguishing between "Best Buys" and "Good-byes," cooperative apartments and condominiums, calories and carbohydrates, recreation expense and recklessness, legal and illegal fees can extend both wallet and life.

Life itself may depend upon cautious concern with personal safety, without paranoid preoccupation with imminent peril. Caution is often required to prevent common household accidents, outdoor accidents, and robbery at home or in the streets. What to do afterwards can be known in advance, including legal redress.

The counsel of lawyers can appropriately be called upon before and after numerous situations. If loans are incurred, contracts negotiated, houses sold or bought, other living arrangements made, marriages ended or started, businesses begun, or wills executed, a reputable attorney can be relied on to avoid or alleviate possible entanglements.

Counseling Emphases

As with "Special Considerations," much of the Chapter II contents on emphases needed in career counseling with older clients might be applicable to retirement counseling. Motivations and goals might need to be evaluated, self-confidence generated, use of tests minimized, old skills and interests put to work, new ones developed, and employment obstacles overcome. Additional emphases in retirement counseling include accepting retirement as another phase of life, adjusting attitudes and roles, considering part-time work for pay, working as a volunteer, using free time creatively, and coping with other complexities of retirement.

Emphasis on retirement living is essential with clients who view retirement as a phase of dying. While it is that as well, since everything from conception to death is part of both living and dying, retirement as part of living is truly a matter of emphasis needed for effective planning and counseling.

Kathryn Close recognizes the need for this emphasis in her book, Getting Ready to Retire (1972). Putting her finger on changes of various kinds--in status, occupation, income, living arrangements, physical capacity--as the central problem of retirement, she points out that "they can be met with sound and imaginative planning that can make the period of retirement as meaningful a part of the span of life as any other" (p. 3).

That retirement is a natural period in normal life development is a concept with which counselors as well as clients may have difficulty. Understanding of this period has been kept to a minimum by the scant attention given the middle and later years in the professional literature. Textbooks on human development tend to focus on the early years, largely disregarding the developmental tasks of adulthood and advanced maturity. "Middlescence" and senescence have fared better, however, in some recent books (for example, Botwinick, 1973; Butler & Lewis, 1973; Eisdorfer & Lawton, 1973; Kimmel, 1974; Puner, 1974).

A further source of difficulty for counselors as well as clients is the prevalence of agist stereotypes and biases. Unfortunately, counselors are apparently not immunized against agist biases (Schlossberg, Vontress, & Sinick, 1974), either by selection for programs of preparation or by professional preparation itself. Troll and Schlossberg (1971, p. 20) came

to this conclusion: "On the basis of this study it seems evident that counselors of adults need to take a close look at themselves with regard to their own age bias." Biases and stereotypes about age in the absence of understanding of aging can hinder instead of help clients confronting retirement.

Adjusting Attitudes and Roles

Clients can be helped by counselors who are free--or at least aware--of built-in biases, who appreciate the capabilities as well as the limitations of older persons, who accept retirement as a worthy stage in life development rather than a dreadful harbinger of death. When counselors add their own negative attitudes to those of the client, needed adjustment is unlikely to be realized. Peers with positive attitudes can sometimes be of greater assistance.

The recognition of retirement as not quite death is often difficult to accomplish because of a complicating sense of loss. At retirement, as in many situations in life, bitter-sweet feelings are entirely appropriate. Bitterness over what has been lost must succumb, however, to pleasantness over what is yet to come. In the process, clients may have to go through a period very much like that of mourning loss of a loved one or loss of a limb.

This parallel has been pointed up by Smith, Kendall, and Hulin (1969, p. 133):

> The process of adjusting to retirement and getting to like it will take as long as is required for the person to alter his frame of reference and accept the new anchor points specified by the realities of his new situation, just as adjustment to the

loss of a limb is dependent, in the first instance, on acceptance of the fact that the limb is gone.

The "phantom limb" phenomenon need not be paralleled by a fantasized perpetuation of youth in persons entering retirement. Adjustment to getting older does not require a client to reply to a counselor's inquiry, "Do you feel younger or older than your chronological age?," by exclaiming, "Much younger!" Clients who answer "Younger," "Older," or "Neither" may be following personalized paths to their individual adjustments. Counselors familiar with the different paths can effectively serve as guides.

Related to these self-perceptions and the sense of loss is the retiree's handling of the issue of disengagement vs. continued active participation in life. Again, individual clients--ordinarily not distracted by this abstract issue or made schizoid by its dichotomous quality--do some of each. The appropriateness of possible blendings of staying in and pulling out is grist for the counseling mill, where permutations and combinations of activities in and out of the home can be given deliberate consideration. Clients can thus be assisted substantively with regard to options available to them for use of free time, resultant role adjustments being duly taken into account.

Working Part-Time for Pay

The option of part-time employment may serve some clients as a transition from full-time employment and its attendant roles. Acting as a decompression chamber, part-time work can avoid the retirement "bends." The retiree's self-concept is preserved, together with the respect of significant others. Nor need this work be busy-work to fill time:

according to Riley and Foner (1968, p. 350), research indicates that older persons "are considerably more likely than younger people to say they enjoy their job. . . ." Retired persons can maintain this enjoyment through continued employment.

In choosing this option, the kind of work, and a specific job, client and counselor need to consider factors mentioned in Chapter II and any additional ones pertinent to individual planning. Overt and covert motivations for continued employment, the dynamic "fit" of further work into the framework of the family, the superiority of this option over other options may need consideration, as well as physical and other characteristics of the client.

The kind of work chosen might build on acquired skills and interests, avocational activities, physical capabilities, and psychological needs such as for unachieved self-actualization or service to society. Both these broad needs can be fulfilled at once in suitable work demanding dedication beyond oneself; older persons as well as youthful ones might be assisted in choosing and obtaining part-time work by Vocations for Social Change, Canyon, California 94515.

For other assistance in finding a specific job, contact can be made with the Manpower Administration, U. S. Department of Labor, Washington, D. C. 20210, which has contracted -under its Operation Mainstream--for a number of nationwide projects providing part-time employment for older workers. Forty Plus is a placement service for professionals and executives. Mature Temps is a special placement service for older persons desirous of temporary employment; a succession of temporary jobs might meet particular needs better than steady part-time employment.

Placement difficulties are compounded by the frequent inexperience

of older persons in seeking jobs and their own attitudes toward seeking jobs, as well as employer attitudes and practices. "The older worker knows full well the current prejudice against those of his age," point out Lawton and Stewart (1968, p. 10). "He is less aware that he himself shares this prejudice and that he is apt to believe that the employer is right who rejects his application." Counselors help clients deal consciously with such attitudes.

Employers' attitudes can at times be eased by making job placement a service to them as well as to clients. Appreciating the provision of mature, qualified, conscientious workers who fill organizational needs, employers can come to look upon counselors as consultants. To accommodate both client capacities and physical requirements, for example, counselors can suggest simple modifications of job tasks or work flow that may benefit an employer's operations and work force in general (Griew, 1964; Marbach, 1968; U. S. Department of Labor, 1967b).

Working as a Volunteer

External forces or internal needs may make paid work less desirable or attainable than volunteer work. "Technology has served man notice that he must find a home, a new anchorage point for himself, outside the world of work," observed Maddox (1968, p. 360), "certainly by the time of retirement if not before then." As developments in our society restrict work opportunities for older persons, volunteer opportunities may be the best prospects for particular clients.

The need to serve society is often best fulfilled, too, through volunteer work. Pollak (1957, p. 33) underscores "the adjustment of many retired people who find positive experiences in devoting themselves to civic or charitable enterprises. . . . Concern with others has conquered

self-concern." Such a conquest releases psychic and other energies for doubly rewarding work. The responsiveness of unpaid work to client needs is suggested by a study (U. S. Department of Labor, 1969) that found 200 reasons why people volunteered.

Far more numerous are opportunities for volunteer work. These opportunities may usefully be regarded as of two broad types: (1) Working directly with people being provided some kind of social service and (2) indirectly providing such service by working for a community agency or national organization. One or the other of these different outlets for altruism may be more appropriate to a client's capabilities, personality, and related characteristics.

Finding volunteer work is discussed, together with much else about volunteering, in Retire to Action (Arthur, 1969). Sources of information and of leads to opportunities include the Administration on Aging, Veterans Administration hospitals and other hospitals, salvage and rehabilitation organizations like Goodwill Industries and the Salvation Army, the American Red Cross, and a host of other agencies. Many communities have not only a United Community Fund or similar organization for collection and distribution of charitable contributions, but also a Volunteer Bureau to serve as a link between opportunities and volunteers.

Using Free Time Creatively

While work has intrinsic and therapeutic value, whether performed for pay or done as a volunteer, it is best viewed for general purposes as a means toward an end rather than an end in itself. It ordinarily provides the wherewithal to do the things one wants to do. The end or outcome of work is therefore the leisure or free time to engage in nonwork activities.

Since work/nonwork/leisure is fraught with overlap, free time is a preferable term relatively free of semantic traps. One trap that many fall into is the notion that anything free is without value. People frequently wait out weekends and vacations for the return to work. Perhaps an even better word is just time, for time is all we have.

These free-wheeling paragraphs on creative use of time may help to stir conceptual cobwebs that often clutter the thinking of clients. Even pertinent poetry would help, one of the most apt being two lines of Rabindranath Tagore:

God respects me when I work,
But he loves me when I sing.

Listening to Abe Lincoln might give added perspective: "My father taught me to work, but not to love it. I never did like to work and I don't deny it. I'd rather read, tell stories, crack jokes, talk, laugh--anything but work."

Avocational is another term reflecting the primacy of work in the Protestant ethic, although it has served well enough in giving some focus to free-time activities, from Donald Super's early study of avocational interest patterns (1940) to the recent work on avocational activities for handicapped persons (Overs, O'Connor, & DeMarco, 1974). Avocational activities seem associated in some minds, however, with hobbies, which are often negatively regarded by older clients. "The word 'hobby' has a distasteful meaning to some people," points out Kathryn Close (1972, p. 18), "They associate it with building ships in bottles, whittling, fancy penmanship, or some other 'idle' pastime."

Once semantic straw men like "idle" and "pastime" have been knocked down, whittling--for example--can be seen as useful in wood carving,

whether or not the carvings are sold. Equating productivity with salability is antithetical to pure creativity. Creative use of time can also be either active or passive, words that need not be restricted to physical participation, for emotional or intellectual participation is applicable to such activities as listening to music or reading books.

Other activities representing creative use of time include nature walks and bird watching, growing flowers and plants, collecting rocks and shells, playing musical instruments, visiting museums and art galleries, going to the theater, playing checkers and chess, playing card games, crocheting and knitting, weaving rugs, writing letters, engaging in conversations, learning a language, attending lectures, and simply attending to the world around and being attuned to others' feelings and thoughts as well as to one's own.

Coping with Other Complexities

This alliterative rubric alludes to nitty-gritty matters like retirement income, housing, health, and legal problems. Counselors must be prepared to assist clients with limited financial resources. "The older population is essentially a low-income group," reports Brotman (1971, p. 8), "even though there are considerable numbers of wealthy among them." One reason for this: "A substantial majority of workers do not obtain any pension coverage," according to the U. S. Department of Labor (1971d, p. 17), "or do not acquire sufficient years of continuous coverage during their entire working life to qualify for a private plan benefit."

Needed financial planning can be facilitated through the use of various printed materials (for example, Arnold, Brock, Ledford, & Richards, 1974; Hunter, 1968; Laas, 1970). These publications and numerous other

books, booklets, handbooks, manuals, and guides are of help with regard to other retirement complexities as well. A whole series of retirement guides covering separate topical areas of concern is published by the American Association of Retired Persons, 1909 K Street, N.W., Washington, D. C. 20049.

Housing receives a high level of attention in such retirement planning materials. This troublesome topic includes whether or not to relocate to a different geographic or climatic area, whether or not to move locally to different living arrangements, whether to rent an apartment or own a home, and many additional dilemmas. A major issue, on which people seem to be about equally divided, is whether to live in a community or setting with others of one's age or to live in a mix of chronological ages allowing interaction with younger persons. Since these dilemmas must be individually resolved, client consideration of the pros and cons is aided by pertinent questions and possible answers in the printed materials.

Questions of health and nutrition are similarly dealt with in various publications, science and common sense being combined to yield guidelines to good health habits and eating practices. Beyond sensible behavior to sustain their health, however, clients may need to cope with their attitudes toward health in general and toward their own health. "It is the individual's own beliefs about his health (in contrast with medical assessments)," report Riley and Foner (1968, p. 346), "that are most clearly associated with his life satisfaction."

Problems referred to previously in this chapter under "Other Retirement Difficulties"--consumer education, personal safety, and legal affairs--likewise are in part problems of client perception and client attitude.

Some clients, unconsciously bent on self-destruction, may give little heed to mundane matters of survival. Counselors, dealing differentially as always with individual clients, provide whatever proportions of relevant information and emotional support seem needed.

Summary

Retirement is a time for which people are reluctant to prepare. Counseling is needed by many people approaching retirement to help them plan for the realities of role adjustments, opportunities for optimal use of time, and decisions regarding housing, health, and other matters of everyday living. Many of those already retired are still coping with similar complexities and can benefit from retirement counseling.

Counselors can assist terminally ill persons, suicidal or other self-destructive persons, and the families of such persons, assistance to families both preceding and following death.

Chapter IV

Dying and Death

Aging perforce leads to dying, which ends in death. This chronological sequence is the basis for the chapter's title. Psychologically, however, the title could well be reversed, as it is in some other writings on this topic, for death conceptually and emotionally precedes dying. Death would be seen as dogging our days and hounding our nights, were we not so fearful of facing up to it that we keep it chained in a dog-house.

Although death is less taboo a topic than it once was--as is true of venereal disease and other sex-related topics--it is not easily discussed with openness. If the unknown generates anxiety and various defenses, death is the acme of the unknown, since no one alive has ever experienced it. Nor, according to Freud, can the unconscious tolerate the possibility of one's own death. Burdened with such a self-protective shield, people find it difficult to deal adequately even with death in the abstract or other people's deaths.

Scientific inquiry has been likewise burdened by difficulties in gaining knowledge of death's domain. Medical students start out by cutting up cadavers, but how does a social scientist sample the dead? It is not surprising, then, that experts in the field of thanatology find their own limited knowledge deadly. Kastenbaum (1969b, p. 26), laments

that "psychological death is a murky, forbidding, and unrewarding area of inquiry. . . ."

Study of dying persons has been somewhat more rewarding, but not entirely successful. The defenses of the dying and the defenses of the living combine to confound research findings. "We have not as yet found," LeShan (1969, p. 28) laments, "a useful way of conceptualizing the life and death forces within the individual."

As for the assistance that counselors and other helping professionals might provide dying persons, there are added difficulties. In discussing the dying patient, Crane (1970, p. 313) mentions the absence of "norms regarding appropriate behavior toward a person whose death is considered inevitable." The present chapter, in dealing with death from terminal illness, the attendant attitudes of patients/clients and of pertinent others, and the role of counselors, adopts the positive view of Feder (1965, p. 622): "I don't have any idea how we help a person to die, but I am sure we can do much to help a person to live up until the time of death."

Consistent with that view is the chapter's treatment, also, of suicide, other forms of self-destruction, and the role of counselors. Finally discussed is the topic of bereavement, the reactions to death of those who remain, and--again--the role of counselors.

Dying from Terminal Illness

Numerous medical conditions could be named as the specific culprits implicated in patients' particular deaths. The nature and timing of a particular death could also be affected by substantive and symptomatic aspects of specific medical conditions. Counselors, together with

physicians, nurses, and other health professionals, need to have some knowledge of the usual course of medical conditions resulting in death.

Psychological knowledge, understanding of individual differences, and sensitivity to interpersonal relations are at the heart, however, of the help counselors can bring to dying patients. As Weisman (1972, p. 123) points out, "given the same disease, patients need not follow the same psychosocial sequences. They do not die in the same way, at the same rate, of the same causes, or within the same context of circumstances." Counselors, knowing that change is a constant in human development, can appreciate and implement Weisman's related (1972, p. 123): "People do not necessarily die as they have lived. . . ."

The Five Stages of Kübler-Ross

Kübler-Ross (1969), giving less emphasis to the variability of individuals stressed by Weisman, delineates five stages through which dying patients normally proceed: denial, anger, bargaining, depression, and acceptance. "Denial, at least partial denial, is used by almost all patients," she states (p. 35), "not only during the first stages of illness or following confrontation, but also later on from time to time"--thus granting the overlap of her stages.

"When the first stage of denial cannot be maintained any longer," continues Kübler-Ross (p. 44), "it is replaced by feelings of anger, rage, envy, and resentment." This emotional replacement is accompanied by psychological displacement, patients casting blame outwardly upon anyone and anything. Doctors, nurses, other patients, family members, and God may all be the objects of complaints and grievances.

"If we have been unable to face the sad facts in the first period

and have been angry at people and God in the second phase," Kübler-Ross goes on to her bargaining stage (p. 72), "maybe we can succeed in entering into some sort of an agreement which may postpone the inevitable happening. . . ." Seeking an extension of life, patients may bargain with God for a little more time by promising some kind of good behavior, in the manner of children who wish to stay up later. Physicians, not unlike gods to patients, are beseeched to postpone death in exchange, for example, for bequests of parts of the body to science.

Two types of depression--the fourth stage--are distinguished by Kübler-Ross: a reactive depression resulting from a sense of past loss and a preparatory depression anticipating impending loss. Past loss may include physical health, parts of the body, employment, finances, role within the family, and other personally perceived deprivations causing a feeling of reactive depression. Impending loss of everything and especially everyone causes a preparatory depression that confronts an ephemeral future. Not futile, however, this anticipatory stage may more readily lead to the final stage of acceptance.

"Acceptance should not be mistaken for a happy stage," cautions Kübler-Ross (p. 100), "It is almost void of feelings." Nor is it, on the other hand (p. 99), "a resigned and hopeless 'giving up,' a sense of 'what's the use' or 'I just cannot fight it any longer'. . . ." Having gotten the preceding stages out of their system, as it were, patients are prepared for what is to come. Kübler-Ross makes the point, however, that some patients prematurely reach this stage, already accepting what might be prevented or postponed with the assistance of a less yielding attitude.

Attitudinal Variations on a Theme

The Kübler-Ross paradigm is a useful model for understanding the attitudes of dying persons, just as life stages or psychosocial phases help in the understanding of persons presumably not so close to death. Erikson's eight ages (1963) similarly culminate in ego integrity that dissipates potential despair in the face of death. Fear of death gives way to acceptance and "death loses its sting" (p. 268).

The Kübler-Ross stages do not meet with the complete acceptance, however, of all other thanatological experts. "One does not find a unidirectional movement through progressive stages," suggests Shneidman (1973, p. 7), "so much as an alternation between acceptance and denial." Feifel (1973) reports finding in many dying persons simultaneous acceptance and rejection of death.

Such simultaneity resembles the psychophysical phenomenon wherein both of two presented odors are perceived at the same time. The same presentation may result in alternating perception, à la Shneidman (1973), of first one odor and then the other. Just as one odor may also mask the other, seeming acceptance may be a cover-up for what is regarded as socially unacceptable denial. The fourth possibility applicable to odors--a blending of the two into something different from either--may be applicable as well to positive and negative attitudes toward death, their integration perhaps paralleling Erikson's ego integrity.

Denial is undoubtedly the most pervasive and persistent of responses to dying. Whether death-denying is also death-defying, denial expresses itself in different ways, from the verbal and highly explicit to the verbal and evasive to the nonverbal but visually or aurally almost explicit. An example of the verbal-evasive is speaking of one's dying as though it

is happening to someone else, a survival strategy made familiar by Frankl (1963).

Underlying patients' attitudes toward dying are numerous dynamics (no pun intended). Whether patients lean toward the pole of denial or the pole of acceptance, and the extent to which they exemplify anger, bargaining, and depression, might depend, for one thing, on whether their locus of control is external or internal. Do they attribute control over their lives to God and others or to themselves?

State anxiety versus trait anxiety might similarly play differential roles in patients' coping with dying. Succumbing, incidentally, is properly regarded as a form of coping, an interpretation given credence by the acceptability of acceptance. Without invoking Freud's concept of castration anxiety or simply of separation anxiety, discomfort over impending death could with some patients be an extension *in extremis* of their characteristic anxiety, whereas patients in whom situations induce anxiety may be demonstrating not so much anxiety as realistic fear of death.

Medical and Familial Dilemmas

One dilemma confronting families is *where* the dying patient is going to die. Most patients in our society do *go* elsewhere, as Feifel (1973), points out; they go to hospitals, convalescent homes, and nursing homes. The veritable death of the extended family pushes dying people out of the homes in which most would prefer to stay. The cost of terminal illness, the care required, and mixed emotions of resentment and guilt are among the family factors that affect not only the locus of dying but also the focus and flavor of further interactions of the family with the patient.

Families and physicians share a dilemma regarding the possible prolongation of life and the purposeful cessation of life. Ethical questions abound in this area. Who knows when mere "life" is no longer living? When do the patient's "right to die" (Group for the Advancement of Psychiatry, 1974) and the principle of euthanasia properly predominate over the principle of--put simply--"Live and let live"? Saunders (1969, p. 52) makes a distinction between "prolonging living" and "prolonging dying," but who can determine that fine demarcation on the uncalibrated continuum from the beginning of life till its end?

A major dilemma with particular implications for counselors has to do with telling patients and families about terminal illness. One form of the dilemma poses the basic question of "To tell or not to tell?" According to Feifel (1965, p. 635), most terminal patients want to be told, whereas most physicians prefer not to tell. Whether because of time constraints or their own death anxieties, physicians tend to relegate this responsibility to nurses or families; "relegate" is used instead of delegate, for the shift of responsibility commonly occurs by default. And others may not pick up the ball, if only that telling goes counter to their own inner inclinations.

Not that all patients should be told. Wahl (1973), after presenting pros and cons of telling patients, concludes (p. 19) that "if you try to reduce so important a matter in patient care to an invariable maxim, you can do an incredible amount of harm." In another obeisance to individual differences, a physician's suggestion is reported (Bowers, Jackson, Knight, & LeShan, 1964, p. 103) that "when the question, 'Should the patient be told the truth?' is raised, we ask, 'Pray, which patient and what truth?'"

Shneidman (1973) further refines the questions and also reflects the perplexities in trying to answer them: "The professional literature dealing with the dying--what to tell, how much to tell, how to tell, when to tell, whom to tell--is somewhat confusing if not contradictory . . ." (p. 30). One area of confusion involves diagnoses and prognoses--which to tell, if either. Whatever is told, most writers seem to agree, should be told in relation to a patient's capacity to absorb the information and at a rate appropriate to the individual.

Counselors Deal with Dying

In view of the attitudinal variations on the dying theme and the difficult dilemmas confronting families and professionals, counselors face a special challenge in assisting dying persons. The challenge can be surmounted, however, by counselors armed with some understanding of pertinent principles and dynamics, self-understanding with respect to dying and death, and sensitivity to interactions with dying persons and significant others. Since most of the understandings acquired by sensitive counselors are based upon vicarious learning, one need not be literally dying oneself to be an effective counselor, although it might help to be "dying" to learn. As Saunders emphasizes (1969, p. 78), "you learn the care of the dying from the dying themselves."

Falsely dichotomizing patients and counselors, who are simply at different points on a continuum, gives rise to a folklore of misconceptions regarding communication. "The dying and the living do not speak the same language," platitudinizes the playwright Schnitzler, "and there is little they can communicate to each other." With empathy made accurate by knowing where a patient is attitudinally, a counselor who listens and

observes learns what the patient is saying verbally and nonverbally, and can respond in kind. Nonverbal responses to dying persons may include tactual ones; holding the person's hand, for example, may indeed touch his or her feelings and show that someone cares.

Mundane matters must often be dealt with, as patients close the books on their worldly affairs. Wanting to leave things in order for their families, they may require assistance regarding financial arrangements, burial or cremation, bequests of body or specific organs, and distribution prior to death of particular possessions with monetary or sentimental value. Part of the challenge to counselors in providing meaningful help is to be not only sensitive but also sensible, in a practical sense.

As they prepare to depart this world, many patients are concerned about the closing off of life without psychological closure. Not all believe, with St. Francis of Assisi, that "it is in dying that we are born to eternal life." Carey (1974) found little relationship between the emotional adjustment of terminal patients and their religious orientation. The apparent attrition of traditional religion, lessened acceptance of an afterlife, and indeed the slogan "God is dead" have weakened some earlier sources of solace for the dying.

Yet a variety of Wordsworth's "intimations of immortality" may be introduced, by patient or counselor, into the search for serenity. The poet Horace's "Not all of me will die" can be supported not only by the material things one leaves or bequeathes (money, property, heirlooms, creative works, letters, photographs, recordings, transplants) but also by numerous intangibles. One lives on in the lives of others through

one's descendants (in their genes and in their memories), one's friends and acquaintances, and other persons whose lives one touched (co-workers, customers, students, patients, spectators, co-members of organizations). One may say, with Tennyson's Ulysses, "I am a part of all that I have met." One's body remains a part of the universe, as matter is never lost.

In all serious discussions, as in this presentation or in conversations with dying patients, there is always room for humor. Humor and laughter provide a natural release of anxiety. Perhaps that "fun" function justifies responses sometimes encountered to patients' perpetual question, "Will I die?" At least one physician is supposed to have responded, "Die! That's the last thing in the world you'll do." Another response, a gentler gibe: "Yes, of course, and so will I." A twist on Browning's optimism in "Rabbi Ben Ezra" ("The best is yet to be. . . .") may undercut some patients' complaints: "Cheer up! The worst is yet to come."

Whether or not humor is appropriate with the families of dying patients, counselors need to work with families in serving dying clients. In addition to physical death and psychological death, recognition must be given social death, which seems related to removal from the home and loss of close contact with family members and friends. Acting as a liaison, the counselor can facilitate the maintenance of contact, as well as the efficient ordering of final family matters. Family counseling can also alleviate anticipatory grief (Doyle, 1972) and lighten the later burden of bereavement.

Taking One's Own Life

Self-destruction is a form of death so pervasive that most counselors at some time or other deal with persons who are in the process of taking

their own lives. The process may be acute and accomplished quickly or it may be chronic and long drawn out; it may be, respectively, direct or indirect. Suicide occurs in so many guises that all its occurrences are not reported, statistics thus understating the incidence and prevalence of suicide in our society.

Society's generally negative view of suicide helps to keep the statistics down, if only through the false reports of families, police, and others. "This way," admitted one police chief (Grollman, 1971, p. 8), "we spare the family the terrible disgrace." The shame and opprobrium associated with suicide may also serve as a deterrent, for death in this form bears the stigma of a dishonorable discharge. The social status of hara-kiri and other methods of self-destruction in different parts of the world suggests, however, that suicide is perhaps not inherently evil but subject to social evaluation.

In the growing literature on suicide, the social evaluation involved is much in evidence, together with personal biases of particular writers. The notion of suicide as a crime against the State--expressed at least since Aristotle and widely implemented through legislation--is sometimes displaced into diagnostic terms that seem to conclude, "To commit suicide, one has to be crazy." One, maybe, but not all, as reflected by the high incidence of suicides at most age levels, particularly among aging persons (Batchelor, 1957), who do not necessarily lose their mental or emotional marbles.

It is easy for authors to lose their professional perspective, for suicide touches everyone to the quick. The same unconscious motivations that lead to some suicides may be operating in some authors, causing either compassion and absolution or reaction formation and condemnation.

Societal and personal prejudices hamper the search for understanding of suicidal behavior and can keep suicidology from becoming a science.

What Makes Suicides Run?

In a too narrow "search for the suicidal personality," Cantor (1970) found "a remarkably complex picture of possible causal factors" (p. 64). Multicausality emerges from the literature and from experience as a more parsimonious approach to the many syndromes of suicide than unidimensional explanatory efforts. A suicidal personality is no more likely than an alcoholic personality or an epileptic personality, parallel illusions regarding particular illnesses. Grinker (1967) seems closer to the mark in concluding that there is "a variety of clinical entities, of situations, and or personality characteristics associated with suicide" (p. 62).

Adopting a broad approach to suicide within "the psychology of death," Kastenbaum and Aisenberg (1972) first posited certain "reasons" that people commit suicide (p. 251): being psychotic and not knowing what they are doing, acting on impulse and not thinking about the future, feeling discomfort so acute that they care about nothing but escape, believing they are already dying and have no earthly future, believing that the future will be no better or even worse, feeling that what they can gain symbolically through death is more important than anything continued life can offer, and generally feeling that life has no meaning.

Seeking causes underlying such reasons, Kastenbaum and Aisenberg then reviewed (pp. 252-276) the relationships between suicide and the following variables: age, sex, race, subcultural group membership, marital status, socioeconomic level, mental illness, and suicide preventatives (objects, situations, or events that interfere with the initiation

or completion of suicidal acts). Whoever expects the relationships of "at least some of the variables to be simple, direct, and easily understood," the authors admonish the reader (p. 252), "is doomed to disappointment."

The complexity of possible causes can be illustrated by the identification of both dependence and independence as needs that drive people to suicide. Just as the same need operates differently in different people, divergent needs may converge in the same outcome. The role of dependence is readily seen in suicide following the death of one upon whom the suicide was dependent. Independence appears related to the finding (Crane, p. 311) "that people would prefer to control their mode of dying, . . . that they would like to be able to maintain as much control as possible over their deaths." The struggle of many individuals against society and for independence from their parents may symbolize a central concern for control over their own lives, the other side of the coin being their own deaths. Close to this concept is Feifel's perception (1957, p. 56): "Birth is an uncontrolled event but the manner of one's departure from life may bear a definite relation to one's philosophy of life and death."

Self-Destructive Behavior

Theoretical conceptualizations regarding self-destruction are of assistance to counselors as a basis for understanding and helping clients bent toward suicide. More pragmatic approaches are also needed to assist counselors in recognizing suicidal bents through self-destructive behavior. If causes are to be eliminated or alleviated, or if suicide-bent behavior is to be unbent, behavioral symptoms, signs, and signals must become familiar as indices of underlying psychodynamics. Such dynamics may be

both intrapsychic and interpersonal (Sullivan, 1953).

Indices to be observed can be placed in two rather rough categories. The first category includes conscious, intentional behavior geared toward direct suicide and instant death. In the other category is behavior that is basically unconscious, subintentional, and leading to indirect suicide over a prolonged period. These differential behaviors representing different client dynamics may suggest differential counseling strategies in the vital efforts needed to avert death.

Actual attempts to commit suicide are obvious indices in the conscious, intentional category. They are nevertheless disregarded by some counselors and other professionals who overlook the obvious while probing deeply into the client's unconscious. It is wiser and safer practice to give heed to suicide attempts and to verbal threats of suicide, another common conscious indicator.

Nonverbal signs and emotional symptoms may overlap the two categories, where they fit depending in part upon the intent and awareness of a particular client. Such behavior as giving away prized possessions may speak loudly of suicidal plans. Depression and related emotions, accompanied by behavior at reduced or heightened energy levels, often spot potential suicides.

Attempts, threats, aberrant behavior, and emotion/energy swings may separately or totally represent an intentional or subintentional "cry for help" (Farberow and Shneidman, 1961). An "unsuccessful" attempt at suicide frequently succeeds in getting others to hear the muffled cry. Counselors with sensitized antennae, including "the third ear" (Reik, 1949), can pick up communications crucial in identifying suicidal individuals.

Likewise crucial are indices associated with indirect suicide of extended duration--"slow suicide," in popular parlance. Rome (1970, p. 48) mentions "cryptosuicides: those persons whose self-destructive behavior is partly masked by taking place over a prolonged period." Such persons engage in a wide (and wild) range of unconscious, subintentional suicidal behavior. They drive "like crazy," are more than "accident-prone," repeatedly risk their lives, abuse alcohol and other drugs, and even provoke others to kill them.

Grollman (1971), in a rare gem of printing expertise as well as prime scholarship, sums up "clues to people with the greatest suicide predisposition" (p. 83): previous suicide attempt, direct or disguised threat, chronic illness or isolation, bereavement, financial stress, domestic difficulties, severe depression, psychosis, alcoholism, abuse of drugs, family history of suicide. He also emphasizes the current role of the (sometimes suicidogenic) family.

Counselors Confront Suicide

The role of counselors with respect to suicide critically illustrates issues that pertain to counseling in general. Persons identified as prospects for suicide are indeed to be treated "with respect," not as moral lepers contaminating some counselors' cultural code. The social and personal biases encountered in the professional literature on suicide suggest that counselors may similarly pass judgment on a suicidal client. Counselors need not have attempted suicide themselves to understand, both cognitvely and affectively, client "reasons," underlying motivations, and shifting moods.

"Confront" in the above heading does not mean the use (really abuse,

as with drugs) of confrontation solely to have clients face up to their inadequacies. Suicidal clients need such "treatment" even less than most other clients, who are so often powerless people easily put down and put upon by "helping" professionals wielding a pittance of power. Clients bent on suicide can profit from confrontation with their strong points, with positive interpersonal patterns, with reasons for living based on their own needs and the needs of others.

The emphasis on family counseling in the section on dealing with dying persons is applicable as well to suicidal persons. "The needs, goals, and strivings of the significant others must be taken into account," stresses Grollman. "One must understand the emotional climate of the family before he can understand the individual member" (1971, pp. 78-79). The family rather than the individual may be the stimulus to self-destruction. The suicidal response, on the other hand, often stems from misperceived emotions or misinterpreted attitudes that clear up in the course of family counseling. Should suicide nevertheless result, the family is better prepared for that event and its consequences.

The external stimulus to self-destruction may be outside the family proper. Wherever it is or whoever it is, Jourard maintains (1972, p. 49) that "a person destroys himself in response to an invitation originating from others that he stop living." Jourard sees society as inviting people to die or do away with themselves through false values that sick or aging persons find it hard to live up to. Other individuals, too, subtly or openly invite people to "drop dead." Since counselors are not immune to such sickening suggestions, they should heed the needle of Jourard's insistence (p. 49) that "a person lives in response to the

experience of repeated invitations to continue living."

A final reminder worth repeating is that counselors must attempt to keep their own values (never false to them) out of true counseling of clients, so that the process is not one of dogmatic indoctrination. Although Grollman (1971) is a rabbi, he warns against moralizing (p. 87) or being angry (p. 89) with suicidal clients. Counselors might profitably ponder the highly pertinent philosophy succinctly expressed by Neale (1973, p. 67): "Suicide can be prevented only by permitting it."

Bereavement

Those who are left when people die generally feel a sense of loss. Even impersonal scanning of the obituary column induces a bereft feeling, albeit commonly mixed with a subliminal savor of survival. Inescapable for the most secure of survivors is recognition that the bell tolls for them, too. It is not surprising, then, that bereavement for most is a time of bitterness, though for some it may be bittersweet.

Reactions to death, while they may follow a general pattern, can also be widely diverse. They may differ from person to person in their nature, sequence, depth, and visibility. This section discusses typical and perhaps some atypical reactions to death, variables involved in differing reactions, and the role of counselors in dealing with persons bereaved or presumably bereaved. If "presumably" and "bittersweet" appear ambiguous, they will become clearer as dynamic variables are discussed.

Variables Affecting Reactions to Death

It is usually presumed that a person left behind by someone's death is "bereaved," that is, deprived of something valuable. The first

variable, however, in the list presented by Hickey and Szabo (1973, p. 6) is "the degree of importance the deceased had in the life of the survivor . . . ." Death does not always entail the "loss of a loved one" customarily mentioned in the literature and in life. Custom and socially acceptable behavior, indeed, seem to underlie the prescribed presumption and conforming reactions. Sudnow (1967, p. 142) makes a similar point: "Bereaved persons must be cognizant of the fact that for others their bereavement may be more relevant than it is for themselves."

The Hickey-Szabo list continues with these variables: how others react to the death, the ages of the deceased and the bereaved, the physical and emotional state of the bereaved, reactions to prior death experiences, the value structure of the family, the number of dominant friendships experienced, the security and stability of early relationships in the home setting, the particular timing of the death and related circumstances, changes in lifestyle and role necessitated by the death, and the degree of resulting dependency.

Particular combinations and permutations of variables give idiosyncratic identity to the individual survivor's reactions, within the normative limits of social constraints. Formal norms as exemplified by funerals, wakes, the wearing of black, and other readily recognized rituals have given way to less formal and more ambiguous ground rules, allowing for individual interpretation. To some extent, as Krupp and Kligfeld point out (1973, p. 144), "the deritualization of American culture tends to throw the mourner upon his own resources. . . ." (the masculine pronoun masks the probability that the mourner is a woman).

How Survivors React to Death

Shock is a common initial reaction, at time combining emotional and physical symptoms. A numbness sometimes sets in that impairs the intellectual processes as well. Mainly emotional, however, the reactions run the gamut from guilt to resentment, with many gradations of emotions in between. Mixed emotions or confused feelings frequently characterize reactions to death.

Guilt feelings would generally be a more accurate term than guilt, the latter attributing actual culpability of some kind to the surviving person. Guilt might apply to a survivor whose faulty driving, for example, caused the accidental death of the deceased. Survivors may feel guilty, on the other hand, about any number of perceived errors of commission or omission during the life of the deceased, especially toward the end and particularly in cases of suicide. Feeling guilty about the death itself can be one of the most shattering reactions.

Resentment, anger, and even envy often ensue as reactions to death. Blame may be cast upon the deceased for dying, as though it were some spiteful stratagem. Survivors who had expected to die first may feel tricked. A sense of envy sometimes arises because the other died instead of oneself, sometimes because the deceased is overidealized (through eulogies and the doctrine of saying "nothing but good about the dead"), the survivor being relegated to second-class status.

Some emotional reactions are muted by social constraints. A sense of relief after the prolonged suffering of a deceased person, together with release from one's personal and financial strain, is not to be bruited about the marketplace. Even less to be revealed is glee that a no-good is gone. Safer socially is suppression of such emotions, composure

being a reaction more compatible with cultural norms. Subcultural norms, incidentally, differ from group to group and need to be taken into account by counselors.

Grief and mourning are more than reactions to death; they are regarded as an essential phase of the process of recovery. While composure is countenanced culturally, professionals in the field generally emphasize the therapeutic benefits of cathartic venting of emotions. Survivors are to do their "grief work" and complete "the work of mourning" if they are to snap back to their former selves.

Although many survivors are better off not bottling up their emotions, to overgeneralize the necessity for grief and mourning may be to oversimplify the situation with respect to others. The very terminology, stressing "work" and "working through," suggests a parallel to the work ethic and its well-known expectations and implications. Some survivors jump aboard the grief bandwagon, as it were, and display feigned grief. For some survivors catharsis of grief occurred during the deceased's course of dying. Expression of emotions may be a more natural reaction, on the other hand, for those who have repressed their feelings to simulate composure as the accepted cultural response.

Ambiguities in the interpretation of sociocultural norms, ambivalence of emotions, strength of emotions and of control over them, and repeated bereavements may create almost unbearable emotional burdens. Kastenbaum's concept of a "bereavement overload" (1969a, p. 51) with aging persons experiencing a succession of losses appears applicable to other persons made vulnerable by death and its aftermath. Not uncommon is early death of survivors, sometimes by suicide. Lasagna (1970, p. 80) mentions the elevated mortality of bereaved persons within one year of bereavement.

Counselors and Bereavement

The complexities underlying and pervading reactions to death suggest that counselors avoid simplistic interpretation of reactions and superficial treatment of clients. Sophistication is needed that at the very least goes beyond the pigeon-holing of all survivors as sorely bereaved and the administering of sympathy and optimism as adequate restoratives.

As Paul points out (1969), survivors receive an abundance of sympathy from relatives and friends; empathy can be provided by helping professionals. Counselors are enabled to empathize with survivors not only on the basis of personal experiences with death, but also on the basis of vicarious learnings from professional experiences, including study of human behavior within social contexts and work with a variety of clients at different age levels.

As in other areas of counseling, some people concerned give great weight to the counselor's having undergone the same experience as the client. The perceived correlation between a common experience and counseling expertise is the basis for widow-to-widow programs. While an unknown proportion of widows and widowers can no doubt be effective in helping those recently widowed, the shared experience does not assure success.

Emphasis must be placed on the value of counseling with prospective survivors prior to an impending death. Alleviation of anticipatory or premortem grief may leave little "working through" of postmortem grief to be accomplished. Although this approach is not applicable to most instances of sudden death, it can often be applied to situations where suicide is the outcome. The warning signals that frequently precede suicide give families and counselors an opportunity to forestall the

unhappy happening or, when prevention and intervention fail, to accomplish some of the grief work required during what is called postvention (Grollman, 1971).

Counseling with survivors also parallels and profits from prior counseling with the dying person and the then prospective survivors. The "meaning" of the death or of death in general, for example, is a matter of concern during the period the person is dying and continues to be so after the person has died. Again, counseling might deal in part with such "intimations of immortality" as seem to make sense with particular clients.

Much of post-death counseling deals, however, with more mundane matters, some of them similar to those that entered into pre-death counseling. Considerable material is available that can assist counselors and survivors in coping with the numerous details related to death. Free material is provided by some funeral parlors, banks, insurance companies, and other sources of practical information. Books edited by Grollman (1974) and Kutscher (1969) contain chapters on such back-to-earth matters as burial versus cremation, organ donation and transplantation, funerals, choosing cemeteries and memorials, mourning rituals, condolence calls and sympathy letters, insurance and legal affairs, family financial management, and even handling of pets.

Summary

Dying arouses a wide range of reactions in those dying, in members of the family, and in helping personnel. Counselors can assist dying persons and their families--the latter before and after death--with regard to attitudinal and other adjustments. Suicidal behavior, whether

intentional or indirect, can be dealt with by counselors sensitive to the dynamics of self-destruction.

Counseling assistance to older persons is most effectively offered by personnel knowledgeable about social contexts, legislative directions, and needed developments.

Chapter V

Trends, Issues, and Recommendations

Counselors concerned with older persons in regard to careers, retirement, dying, or death can profit from perspective as well as expertise, just as a ground sets off a figure. Recent trends and contemporary developments, together with persisting issues and suggested directions, may give added dimension--depth as well as breadth--to the substantive services offered older clients.

Effective counseling can scarcely occur in a vacuum, which is naturally abhorred by counselors who appreciate clients' constant interaction with external realities. Toward maximization of their services, counselors not only work knowledgeably within existing environmental realities, but also strive for needed environmental modifications. Social changes of ultimate benefit to clients can be brought about by informed counselors functioning as advocates in the professional role and activists in their role of citizens.

This final chapter presents some of the kinds of information counselors need to enhance their awareness of trends and issues and perhaps to raise their social consciousness regarding the problems of older persons. Three appendices add supplementary information: these are selective lists of (1) readings related to older women, (2) periodicals

pertinent to older persons, and (3) organizations concerned with older persons.

Trends

Progress has been made in recent years with respect to both the problems and the potentials of older persons. Society has shown its recognition of its elder citizens through relevant conferences and through responsive legislative enactments establishing or supporting agencies and programs geared to the provision of needed services. A brief review follows of some of the significant conferences, legislative acts, and agencies and programs.

Older Persons Acknowledged

It is significant, first of all, that acknowledgment or recognition of the substantial segment of older persons in the population must be recorded as a mark of progress. Only since 1961 has anything approaching adequate attention to elder citizens emerged upon the social scene.

In that year was held the first White House Conference on Aging, a high-water mark in the tidal surge arising after lengthy stretches of stagnation. Adopted at the 1961 White House Conference on Aging was the following Senior Citizen's Charter:

RIGHTS OF SENIOR CITIZENS

Each senior citizen, regardless of race, color, or creed, is entitled to the RIGHT to:

1. Be useful.
2. Obtain employment based on merit.
3. Freedom from want in old age.
4. A fair share of the community's recreational, educational, and medical resources.
5. Obtain decent housing suited to the needs of later years.
6. The moral and financial support of one's family so far as is consistent with the best interest of the family.

7. Live independently as one chooses.
8. Live and die with dignity.
9. Access to all available knowledge on how to improve the later years of life.

Although these rights are far from having been achieved, they were not specifically reaffirmed or expanded in any similar Bill of Rights resulting from the 1971 White House Conference on Aging. Between these two high-water marks and since, however, sufficient ferment has arisen to activate legislation and programs headed, one might say, in the rights' direction. The 1971 conference itself produced numerous recommendations, some already implemented.

Among the most significant legislative enactments have been the Older Americans Act, the Age Discrimination in Employment Act, the Employee Retirement Income Security Act, the Housing and Community Development Act, and an act to provide community service employment for older workers. Medicare and Medicaid were created to furnish health services to older persons. A National Institute on Aging was established within the National Institutes of Health to foster research on aging. The Department of Health, Education, and Welfare now includes an Administration on Aging with an Area-Agency-on-Aging network for national planning and coordination of pertinent programs.

The legislative and executive branches of the federal government have demonstrated recognition of the older population in other important ways. The Senate has a Special Committee on Aging, with subcommittees on housing for the elderly, employment and retirement incomes, federal/state/community services, consumer interests of the elderly, health of the elderly, retirement and the individual, and long-term care. More recently established in the House is a Select Committee on Aging. By

proclamation of the President, May has been designated Older Americans Month.

The Social Security Administration (1973), in a booklet on supplemental income, recognizes the continuing needs of older persons by making these points: in 1900 one in 25 was over 65, the life expectancy then being 45 years, whereas in 1972 one in ten was over 65, with life expectancy at 72 years; lengthened life uses up reserves, inflation affecting fixed incomes and medical costs rising as health problems increase; and changing social attitudes force retirement at earlier ages, disrupt patterns of living, and loosen family ties. Just as supplemental income cannot deter all these trends, one month to honor older Americans cannot compensate for eleven months of dishonor.

Agencies and Programs

The fractional recognition of older Americans has also given rise to fragmentation of programs, but progress is evidenced by the increased quantity and quality of services available. Multipurpose senior centers are in operation by the thousands across the country. Retirement preparation programs have multiplied in both public and private employment. Suicide prevention centers, widow-to-widow programs, and multidisciplinary gerontology centers have grown, as have the number and variety of continuing education opportunities for older persons. Even a National Senior Citizens Law Center has been established, to deal with the legal problems of the elderly poor.

Since a large proportion of the older population needs to be employed for added income or wishes to be employed for added edification, programs of various kinds have developed to meet these needs or wishes. Employment for pay is the purpose of such programs as those conducted, as part

of Operation Mainstream, under contract with the Manpower Administration of the U. S. Department of Labor. Pay is involved in some of the programs conducted directly by the federal agency called ACTION. Because this agency has unfortunately been used as a political football, it and its programs may or may not be functioning at the time this material is being read. Its programs have included the Foster Grandparent Program, the Senior Companion Program, the Retired Senior Volunteer Program (RSVP), the Service Corps of Retired Executives (SCORE), Volunteers in Service to America (VISTA), the Peace Corps, and ACTION Cooperative Volunteers.

Unpaid volunteer work for older persons is available in numerous programs, agencies, and other settings. Programs that serve older persons, such as senior centers, also offer opportunities for volunteer service. Volunteers constitute the backbone of many community agencies referred to as voluntary agencies. Y's and health associations and minority organizations are among the settings accommodating volunteer workers. A multiminority organization with opportunities for volunteers is Women in Community Service (WICS), 1730 Rhode Island Avenue, N.W., Washington, D. C. 20036. Appendix 3 lists organizations concerned with older persons that may directly or indirectly furnish opportunities for volunteer work.

Issues

Despite the recognition accorded older persons and the progress evident in available programs, the favorable trends are far outnumbered by critical issues that clamor for resolution. Underlying the specific issues to be mentioned are the general attitudes manifest in our society toward aging and toward death. The vague apprehension and anxiety aroused by these natural stages of life are displaced upon innocent individuals

who happen to be aging and dying. With suicide already a crime that one "commits," perhaps society would some day label aging and dying as crimes, given that the population explosion may make it a crime to continue living.

Societal attitudes are also revealed, somewhat paradoxically, in terms like "senior citizen" and "golden years," regarded by many older persons and gerontologists as euphemisms thinly gilding gray realities with a spurious optimism. "Senior citizen" can be doubly faulted: besides the sugarcoating "senior" (also bordering on senile), the other exclusionary word seems to eliminate noncitizens from society's proper concern for all human beings.

Employment and Retirement

The legislation enacted in recent years did not include a bill that would have established midcareer development services for middle-aged and older workers. Under such a bill, unemployed and underemployed persons 45 and older would have been provided training, counseling, and other supportive services by the U. S. Department of Labor. The current Comprehensive Employment and Training Act (CETA) carries no mandate for services to older workers. Second career planning and implementation require legislative and programmatic backing to convert a more or less haphazard trend into a significant societal advance.

Further backing is needed to put an end to age discrimination in employment, which legislation so termed has not terminated. The act itself is inadequate in stopping at age 65, but employers stop capable workers below that age from gaining employment through devious pretexts for rejection. Any age is an inappropriate criterion on which to base eligibility for employment, insurance, credit, or other benefits.

Similarly, age ought not to be an inflexible basis for mandatory retirement. Instead of any form of forced retirement, employers could offer various forms of flexible, gradual, or trial retirement. Instead of incentives for early retirement, employers could offer incentives for late retirement, since many employees continue to be competent in their work long after the usual retirement ages.

Retirement preparation needs to include more counseling, with individuals and groups, as a supplement to the approach ordinarily thought of as "education" and conducted in a classroom atmosphere. The concept of continuing education also needs to be broadened beyond courses in a classroom to all kinds of training and retraining, gaps in skills and knowledge being filled as well as prior competencies being strengthened. Manual skills, too often treated as second-class competencies, offer the possibility of prolonged life, for Gallup (1974, pp. 109-110) reports a relationship between continuing to work with one's hands and longevity.

Where and How People Live

A major issue concerns the pros and cons of retirement communities as against housing that integrates older and younger persons. Some retired persons prefer to spend their time with other older persons, feeling comfortable in conversations or activities that reflect broadly shared experiences. The "birds of a feather" concept ruffles the feathers of other retired persons, who find talk and games with chronological peers stultifying and contacts with young persons stimulating. Legislation and funding need not resolve this dilemma by opting for one side or the other, but by providing housing alternatives to accommodate both sides.

To be considered as well in the design and provision of housing for older persons are alternative living arrangements in relation to families. Again, some retired persons prefer to remain with their families in whatever kinds of dwellings can physically accommodate such extended families. Other retired persons, recognizing that psychological accommodations or adjustments often vitiate the viability of extended family living arrangements, accept the newer nuclear family concept and settle for settling nearby.

Nearby facilities of many types can afford older persons the convenience of needed social, recreational, educational, and other activities. Multipurpose senior centers located in urban, suburban, small town, and rural areas can meet these needs, if adequate funding is legislatively appropriated and otherwise supplemented. Senior centers could extend their services through outreach to lower socioeconomic segments of the population. They could expand their services by imaginatively developing activities representing creative use of time.

Where and How People Die

Some of the same variables affecting where older persons live also affect where they die. And where they die affects how they die. It may make a difference to them whether they die among family members, old friends, young friends, or strangers. The best way the living can try to understand the dying is by replacing "they" and "them" in this paragraph and in their general perceptions with "we" and "us."

Geographic mobility and social mobility, as well as the nuclear family phenomenon, have separated a large proportion of older persons from those who are dear to them. The consequent aloneness and feeling of

loneliness while living are perhaps only exceeded by the aloneness and loneliness of dying. What might otherwise sound commonplace and even corny, therefore, carries human poignancy and social sense: "The family that lives together dies together."

Pertinent issues are raised by Kastenbaum and Aisenberg (1972, pp. 479-481) in a series of sensitive questions regarding the increased prevalence of dying in hospitals:

> Is the dying process important enough to us to stimulate the development of more adequate and humanistic care? . . . Is it best to reintegrate dying with the larger community? . . . How feasible is it to develop mobile and flexible systems to support dying at home? . . . Should not the dying person be some place where he is wanted and valued?

Recommendations

Since the trends and issues have not been discussed with complete dispassion, compassion being an essential component of concern over critical junctures in human lives, some recommendations have been at least implicit in the presentation. Explicit recommendations regarding matters of concern in this monograph have been developed in recent years in relation to the 1971 White House Conference on Aging. This concluding section presents selected recommendations resulting from the conference itself, several recommendations prepared prior to the conference, and sources of recommendations proposed subsequent to the conference.

To reserve the conference recommendations for the end, the sequence will be reversed and three major sources of current recommendations presented first. The Special Committee on Aging of the United States Senate issues updated reports on developments regarding aging (for example, 1974), together with recommendations and minority views. The American Association

of Retired Persons/National Retired Teachers Association prepares detailed recommendations for implementation at both national and state levels (for example, 1974). The National Council on Aging summarizes relevant social developments and suggests responsive policies and practices (for example, Quirk, 1974).

Several recommendations prepared by the National Council on the Aging (no date), as part of a position paper for the 1971 White House Conference on the Aging but apparently not adopted by the conference, pertain to employment, a topic important in the counseling of older persons. Toward a national policy to assure middle-aged and older workers opportunities for continued employment, it was proposed (pp. 8-9) that techniques for relating the functional abilities of workers to the functional requirements of jobs be used as an alternative to chronological age in judging ability to perform specific work tasks; retraining programs be expanded to update obsolete skills; training programs for employers be instituted on how to recognize, value, and utilize the skills and potential skills of middle-aged and older workers; second career approaches be expanded, particularly in the human services; and work and jobs be designed around people to achieve the flexibility required to accommodate workers of different ages, skills, and capability levels.

Recommendations pertinent to employment that were adopted by the 1971 White House Conference on Aging (Subcommittee on Aging of the Committee on Labor and Public Welfare and Special Committee on Aging, United States Senate, 1973) include the following, among many others:

> Federal, State, and local governments should strictly enforce protective and anti-discriminatory laws and policies regarding employment opportunities, with the elimination of the age limit of 65 in age discrimination legislation. The age discrimination act of 1967 should be expanded to cover all employees in both private and public sectors. (p. 255)

All the remaining recommendations come from the same source. Selected recommendations that pertain to retirement follow:

> Society should adopt a policy of preparation for retirement, leisure, and education for life off the job. . . . Retirement and leisure time planning begins with the early years and continues through life. . . . While retirement preparation is both an individual and total community responsibility, every employer has a major responsibility for providing preparation-for-retirement programs during the working hours. (p. 536)

> A flexible [retirement] policy should be adopted based upon the worker's desires and needs and upon his physical and mental capacity. (p. 259)

Education, in both broad and narrow senses, is emphasized in a number of recommendations, such as the following:

> Emphasis should be placed on including curricula or course contents on physical, mental, and social aspects of aging in secondary schools, undergraduate professional education, and in inservice training and continuing education of health personnel. The development of specialists in the care of the elderly should also receive emphasis, especially with the view of developing professional, allied health professional, and other health personnel selected and trained to give compassionate and expert care to the aged. (p. 429)

> In addition, emphasis should be placed on the development of community college level certificate and degree programs and programs in vocational and technical institutes as well as other local programs for personnel who deliver services to the older population. Teacher training programs should include positive concepts regarding the aging process and the older person for incorporation into elementary and secondary school curricula. (p. 518)

> Appropriate materials and methods about all aspects of aging must be developed and introduced in the curricula at all levels of education from pre-school through higher education. (p. 240)

> A continuing national program for education of all persons should be provided about the specific physical, mental, and social aspects of aging. Educational programs should be addressed to all ages and should include all stages of development so that the different age groups will better understand each other. . . . The aged themselves should be among those recruited, trained, and utilized in carrying out these programs. (p. 427)

> Involvement between young people and older people should be encouraged at all levels of community life. Young people can gain knowledge of the process of aging and become involved with elderly people through the education system, national youth organizations, and volunteer roles. (p. 309)

Omitted from this source of recommendations (Subcommittee on Aging of the Committee on Labor and Public Welfare and Special Committee on Aging, United States Senate, 1973) is a preamble to the report of the Employment and Retirement Section (no date) of the 1971 White House Conference on Aging that makes a general emphasis not to be neglected:

> "Freedom, independence and the free exercise of individual initiative in planning and managing their own lives" was declared an objective for older Americans in the 1965 Older Americans Act. This includes freedom to choose in their later years between retiring on an adequate income or continuing in employment, full-time, or part-time, if they are able to do so. This free choice, however, is still denied to most older citizens. . . . (p. 1)

In all the areas discussed in this monograph, older persons are entitled to a broadened range of options and increased participation in decision-making, certainly in a society whose keystone is freedom of choice.

Summary

To maximize their effectiveness, counselors must become familiar with the social and legislative contexts affecting the lives of older persons. Programmatic trends representing progress are outnumbered by unresolved issues regarding retirement, employment, and where people live and die. Numerous recommendations are offered toward resolution of critical issues and added recognition of the rights of older persons.

Appendix 1

Readings Related to Older Women

Andreas, C. Sex and caste in America. Englewood Cliffs, N. J.: Prentice-Hall, 1971.

Angel, J. L. Matching college women to jobs. New York: Simon & Schuster, 1970.

Astin, H. S., Suniewick, N., & Dweck, S. Women: a bibliography on their education and careers. Washington, D. C.: Human Service Press, 1971.

Baker, E. F. Technology and woman's work. New York: Columbia University Press, 1964

Bardwick, J. M. The psychology of women: a study of bio-cultural conflicts. New York: Harper & Row, 1971.

Caine, L. Widow. New York: Morrow, 1974.

Champagne, M. G. Facing life alone: what widows and divorces should know. Indianapolis: Bobbs-Merrill, 1964.

Davis, M. Get the most out of your best years: the intelligent woman's guide. New York: Dial Press, 1960.

DuBrin, A. J. Survival in the sexist jungle. Chatsworth, Calif.: Books for Better Living, 1974.

Epstein, C. F. Woman's place: options and limits in professional careers. Berkeley: University of California Press, 1971.

Gross, I. H. (Ed.) Potentialities of women in the middle years. East Lansing: Michigan State University Press, 1956.

Huber, J. (Ed.) Changing women in a changing society. Chicago: University of Chicago Press, 1973.

Kanowitz, L. Sex roles in law and society: cases and materials. Albuquerque: University of New Mexico Press, 1973.

Komarovsky, M. Blue-collar marriage. New York: Vintage Books, 1967.

Kreps, J. Sex in the marketplace: American women at work. Baltimore: Johns Hopkins Press, 1971.

Kutner, L. The intelligent woman's guide to future security. New York: Dodd, Mead, 1970.

Langer, M. Learning to live as a widow. New York: Julian Messner, 1957.

Lembeck, R. Job ideas for today's woman. Englewood Cliffs, N. J.: Prentice-Hall, 1974.

Lewis, A., & Bobroff, E. From kitchen to career. Indianapolis: Bobbs-Merrill, 1965.

Lewis, E. C. Developing women's potential. Ames: Iowa State University Press, 1968.

Lifton, R. J. (Ed.) The woman in America. Boston: Beacon Press, 1965.

Maccoby, E. (Ed.) The development of sex differences. Stanford, Calif.: Stanford University Press, 1966.

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Morris, S. Grief and how to live with it. New York: Grosset & Dunlap, 1972.

National Manpower Council. Womanpower. New York: Columbia University Press, 1957.

O'Neill, B. P. Careers for women after marriage and children. New York: Macmillan, 1965.

Owens, L. H. Toward more meaningful counseling with women. Washington, D. C.: American Personnel and Guidance Association, 1970.

Parker, E. The seven ages of woman. Baltimore: Johns Hopkins Press, 1960.

Prentice, B. A. The back-to-work handbook for housewives. New York: Collier Books, 1971.

Ralston, M. How to return to work in an office. New York: Harper & Row, 1972.

Rapoport, R., & Rapoport, R. N. Dual-career families. Baltimore: Penguin Books, 1971.

Reeves, N. Womankind: beyond the stereotypes. Chicago: Aldine-Atherton, 1971.

Rubin, I. Sexual life after sixty. New York: Basic Books, 1965.

Scobey, J., & McGrath, L. P. Creative careers for women. New York: Simon & Schuster, 1968.

Scott, A. F. The American woman: who was she? Englewood Cliffs, N. J.: Prentice-Hall, 1971.

Simons, G. What every woman doesn't know. New York: Macmillan, 1964.

Smuts, R. W. Women and work in America. New York: Columbia University Press, 1959.

Splaver, S. Nontraditional careers for women. New York: Julian Messner, 1973.

Taves, I. Women alone. New York: Funk and Wagnalls, 1969.

Theodore, A. (Ed.) The professional woman. Cambridge, Mass.: Schenkman, 1971.

Women and counselors. (Special issue) Personnel and Guidance Journal, 1972, 51, 81-160.

Women's Bureau, U. S. Department of Labor, Washington, D. C. 20210. Numerous pertinent publications, many free of charge.

Appendix 2

Periodicals Pertinent to Older Persons

Adult Leadership

Aging

Aging and Human Development

American Journal of Sociology

American Sociological Review

Community Mental Health Journal

Counseling Psychologist

Dynamic Maturity

Geriatrics

Gerontologist

Harvest Years

Human Development

Impact

Industrial Gerontology

Journal of the American Geriatrics Society

Journal of Counseling Psychology

Journal of Gerontology

Journal of Health and Human Behavior

Journal of Human Relations

Journal of Marriage and the Family

Journal of Personality and Social Psychology

Journal of Rehabilitation

Journal of Social Issues

Journal of Thanatology

Mental Hygiene

Modern Maturity

Omega

Personnel and Guidance Journal

Perspective on Aging

Rehabilitation Counseling Bulletin

Rehabilitation Literature

Retired Officer

Retirement Life

Social and Rehabilitation Record

Social Casework

Social Forces

Social Work

Suicide

Vocational Guidance Quarterly

Appendix 3

Organizations Concerned with Older Persons

American Association of Homes for the Aging
National Press Building
Washington, D. C. 20004

American Association of Retired Persons and National Retired Teachers Association
1909 K Street, N.W.
Washington, D. C. 20049

American Geriatrics Society
10 Columbus Circle
New York, N. Y. 10019

American Nursing Home Association
1025 Connecticut Avenue, N.W.
Washington, D. C. 20036

American Personnel and Guidance Association
1607 New Hampshire Avenue, N.W.
Washington, D. C. 20009

American Psychiatric Association
1700 18th Street, N.W.
Washington, D. C. 20009

American Psychological Association
1200 17th Street, N.W.
Washington, D. C. 20036

American Public Welfare Association
1313 East 60th Street
Chicago, Illinois 60637

American Women's Voluntary Services
125 East 65th Street
New York, N. Y. 10021

B'nai B'rith
1640 Rhode Island Avenue, N.W.
Washington, D. C. 20036

Board of Missions--United Methodist Church
475 Riverside Drive
New York, N. Y. 10027

Board of Social Ministry--Lutheran Church in America
231 Madison Avenue
New York, N. Y. 10016

Board of Women's Work--Presbyterian Church
341 Ponce de Leon Avenue, N.E.
Atlanta, Georgia 30308

Commission on Aging--Friends United Meeting
101 Quaker Hill Drive
Richmond, Indiana 47374

Conference of Health Services for the Aging--Catholic Hospital Association
1438 South Grand Boulevard
St. Louis, Missouri 63104

Council for Health and Welfare Services--United Church of Christ
287 Park Avenue South
New York, N. Y. 10010

Council of Jewish Federations and Welfare Funds
315 Park Avenue South
New York, N. Y. 10010

Council of the Southern Mountains
College Box 2307
Berea, Kentucky 40403

Council on Family Health
201 East 42nd Street
New York, N. Y. 10017

Episcopal Society for Ministry
to the Aging
C/o Bishop Penick Home
East Rhode Island Avenue Ext.
Southern Pines, North Carolina 28387

Family Service Asscciation of
America
44 East 23rd Street
New York, N. Y. 10010

Farmers Union--Green Thumb
1012 14th Street, N.W.
Washington, D. C. 20005

General Federation of Women's Clubs
1734 N Street, N.W.
Washington, D. C. 20036

Gerontological Society
One Dupont Circle
Washington, D. C. 20036

Golden Ring Council of Senior
Citizens
22 West 38th Street
New York, N. Y. 10018

National Association for
Mental Health
1800 North Kent Street
Arlington, Virginia 22209

National Association of Jewish
Homes for the Aged
2525 Centerville Road
Dallas, Texas 75228

National Association of Retired
Federal Employees
1533 New Hampshire Avenue, N.W.
Washington, D. C. 20009

National Association of
Social Workers
1425 H Street, N.W.
Washington, D. C. 20005

National Association of
State Units on Aging
1600 Sherman Street
Denver, Colorado 80218

National Center on the Black Aged
1725 DeSales Street, N.W.
Washington, D. C. 20036

National Conference of Catholic
Charities
1346 Connecticut Avenue, N.W.
Washington, D. C. 20009

National Conference on Public
Employee Retirement Systems
88 East Broad Street
Columbus, Ohio 43215

National Conference on Social
Welfare
22 West Gay Street
Columbus, Ohio 43215

National Council for Homemaker
Services
1740 Broadway
New York, N. Y. 10019

National Council of Health Care
Services
1625 Eye Street, N.W.
Washington, D. C. 20006

National Council of Jewish Women
1 West 47th Street
New York, N. Y. 10036

National Council of Senior Citizens
1627 K Street, N.W.
Washington, D. C. 20006

National Council on the Aging
1828 L Street, N.W.
Washington, D. C. 20036

National Council on Teacher
Retirement
1390 Logan Street
Denver, Colorado 80203

National Easter Seal Society for
Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

National Rehabilitation Association
1522 K Street, N.W.
Washington, D. C. 20005

National Society of the Volunteers
of America
340 West 85th Street
New York, N. Y. 10024

National Therapeutic
Recreation Society
1700 Pennsylvania Avenue, N.W.
Washington, D. C. 20006

Pilot Club International
244 College Street
P. O. Box 4844
Macon, Georgia 31208

Southern Baptist Association of
Executives of Homes for the
Aging
460 James Robertson Parkway
Nashville, Tennessee 37219

The Townsend Plan National Lobby
5500 Quincy Street
Hyattsville, Maryland 20784

United Health Foundations
150 Fifth Avenue
New York, N. Y. 10017

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Doyle, N. The dying person and the family. New York: Public Affairs Committee, 1972.

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